

## Division of Laboratory Services 630 Hart Lane Nashville, TN 37216 615-262-6300

https://www.tn.gov/health/health-program-areas/lab.html

## **Disease/Agent Suspected or Test Requested:**

## Carbapenem Resistant Acinetobacter baumanii Colonization Screening

Provider Requirements	PRIOR CONSULTATION REQUIRED: Requested through consultation with state epidemiologists or ARLN program coordinators.
Acceptable Specimen Sources/Type(s) for Submission	Copan® swab from rectum, wound, axilla and/or groin. Sputum sample in a sterile cup.
TDH Requisition Form Number	Lab web portal, PH-4182 or provided excel sheet.
Media Requirements	Copan® swab
Special Instructions	N/A
Shipping Instructions	Ship Room Temperature/Ambient. If temperatures are expected to exceed 28°C utilize a small ice pack.
Laboratory Section Performing Testing	ARLN Core
Lab Location(s) Performing Test	Nashville

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).